

CALFRESH REQUEST FOR POLICY INTERPRETATION**PI# 18-30**

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Retain a copy for your records and submit via email to CalFresh-PI@dss.ca.gov.

Please note: the policy interpretation provided is based on the unique set of facts presented and should not be assumed to apply in all scenarios.

1. RESPONSE NEEDED DUE TO: <input checked="" type="checkbox"/> Policy/Regulation Interpretation <input checked="" type="checkbox"/> QC <input type="checkbox"/> Other:		5. DATE OF REQUEST: 03/14/2018	NEED RESPONSE BY: 03/29/2018
2. REQUESTOR NAME:		6. COUNTY/ORGANIZATION: Kern County Department of Human Services	
3. PHONE NO.:	EMAIL:	7. SUBJECT: Calculation for Comparison 1	
4. REGULATION CITE(S): FNS 310 621 and 622		8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s). FNS 310 - 621	

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):

Scenario: 10/17 SAR 7 received the last day of the submit month, 11/30/17. The worker processed the SAR 7 on 12/12/17, and issued prorated benefits for 12/17. The CFHH was entitled to the full months benefits. Instead the worker issued benefits based on the date the SAR was processed.

When we complete the QC budget for the review month 12/17, is Comp 1 based on the actual circumstances determined by the eligibility? If so, Comp 1 equals CWD's budget and does not exceed the \$37 error threshold to address the variance for Comp 2. There has been discussion and disagreements for the correct calculation for Comp 1. Please clarify.

10. REQUESTOR'S PROPOSED ANSWER:

FNS 310 - 621 Comp 1 states; The first comparison is of an allotment computed based on the actual, verified sample month circumstances for items the household is entitled to have considered in the benefit calculation to the authorized allotment. The reviewer must not determine whether there are any variances for the purpose of this comparison. All circumstances including household composition, income calculations and expense calculations must be verified and documented as outlined in Chapter 5.

I believe this section of the FNS 310 explains, In Comp 1, the same concept is used to determine Comp 1 and Comp 2, we base the variance on actual verified information when calculating both budgets, and review for misapplication of policy, failure to act, computation errors and failure to report required changes by the household. They are both treated the same when it come to verified information.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

State QC agrees that since the HH complied on 11/30/17, the HH was entitled to a full month's benefits for the month of December. Comparison I is based on actual circumstances for the sample month of December and Comparison II would be based on the SAR 7, data month of October 2017. Although, Comparison I does not result in a citable error, QC should notify the CWD of the incorrect action that was taken against this case.

QC is required to document case record findings according to the EW's action per FNS 310, Section 323.3, pages 3-4 through 3-6. Then document Comparison I findings, and indicate that the variance does not result in a citable error. If the review required to proceed to comparison II, at this point, QC would correct for misapplication of policy and explain.
(NEXT PAGE)

FOR CDSS USE

DATE RECEIVED:

3/21/18

DATE RESPONDED TO COUNTY/ALJ:

3/22/18

CALFRESH REQUEST FOR POLICY INTERPRETATION (Continued)**PI# 18-30**

1. RESPONSE NEEDED DUE TO: <input type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Other:		5. DATE OF REQUEST:	NEED RESPONSE BY:
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Although the incorrect action taken by the EW did not result in a citable error, QC should notify the agency of the correct action that should have taken place. It will help avoid future errors.